APPENDIX C

COST PROPOSAL

PROPOSER'S	NAME	Central Drug System, Inc.	

(All costs proposed in response to this RFP must be Fully Burdened. The state of Idaho will not allow any other costs other than those shown on your cost proposal, which must be submitted on this Appendix C. Additionally, all costs must appear as actual dollar figures.)

A. <u>Testing Services for Groups 1 and 2 (see subsection 1.3</u>
<u>Groups to be Tested)</u>

(All costs for the services and supplies described in this RFP, with the exception of separate Administrative Costs (if any, see B below) and the costs for Testing Services for Groups 3 and 4 (see subsection 1.3), Other Professional Services and Training, must be included in your proposed costs for items A-1 through A-3 below.)

A-1. Initial Drug Test, Cost Per Test \$ 45.00

A-2. Confirmatory Drug Test, Cost Per Test \$ 0.00

A-3. Alcohol Test, Cost Per Test \$ 25.00

A-4. Total for Tests A-1 through A-3 \$ 70.00

(The Total for A above is for evaluation purposes only.)

(Costs for B, C, D and E below will not be evaluated, but, upon contract award, will be part of the contract.)

B. Administrative Costs (If Any)

(You may propose certain separate administrative costs here.)

B-1. Annual Administrative Fee

(Indicate on the line below if this will be a "per Participating Agency" charge, or if it will be a single annual charge for all Participating Agencies.)

\$ 267.50

It will be a single annual charge for all Participating Agencies.

B-2. Annual Update Service \$ 53.50

(This would be for a separate cost for updates for Participating Agencies when

the Federal government updates 40 CFR Part 40, Part 382, or both Parts.)

(Indicate on the line below if this will be a "per Participating Agency" charge, or if it will be a single annual charge for providing this update for all Participating Agencies.)

It will be a single annual charge for all Participating Agencies.

B-3. Annual Management Information System (MIS) Report

\$ 11.00

(Indicate on the line below if this will be a "per Participating Agency" charge, or if it will be a single annual charge for issuing this report for all Participating Agencies.)

It will be a "per Participating Agency" charge.

B-4. Additional Clinic Set-Up Fee

\$ 38.00

(This would be for a separate cost for setting up any collection and testing sites other than those you have already listed in your proposal.)

(For evaluation purposes only, we are using an estimate of a grand total for all Participating Agencies of one new collection and testing site per year.)

B-5. Random Selection Processing Fee

\$ 7.50

(This would be for a separate cost for the adminstration of the computer-based random selection program [see subsections 1.3 and 2.3.5], per random selection period [quarterly, monthly, etc.].)

(Indicate on the line below if this will be a "per Participating Agency" charge, or if it will be a single per random selection period charge for the administration of the computer-based random selection program for all Participating Agencies.)

It will be a "per Participating Agency" charge.

B-6. Blind Specimen Controls

\$ 95.00

(This would be for a separate cost for the use of blind specimens when blind specimens are required by Federal regulations.)

(For evaluation purposes only, we are using an estimate of blind specimen controls being required for a grand total for all Participating Agencies of once per year.)

B-7. Other Administrative Costs

Certificate of Insurance (one single annual charge for all agencies – billed annually)	\$ <u>500.00</u>
Split Specimen ("per Participating Agency" - billed monthly – estimated one per year) (49 CFR Part 40.173 (c) indicates you may seek payment or reimbursement for all or part of the costs of the split specimen from the employee)	\$ <u>150.00</u>
Data Processing ("per Participating Agency" - billed monthly - estimated 10% of each agency's random pool)	
Alcohol Tests – Reconciled to random selections	\$ 5.00
Training Certificates ("per Participating Agency" - billed monthly – upon request of Agency)	\$ <u>11.00</u>
Record Reproduction ("per Participating Agency" - billed monthly – upon request of Agency)	\$ <u>1.75</u>
On-Site Collection Dispatch Fee ("per Participating Agency" – billed monthly – upon request of Agency)	\$ 40.00
Training Travel Fee (from 1070 N. Curtis Road in Boise, ID) ("per Participating Agency" – billed monthly – upon request of Agency)	\$ <u>0.505</u> per mile

(List all other applicable separate administrative costs on the lines above, along with information regarding whether they are "per Participating Agency" costs, single charges for all Participating Agencies, and frequency of charge, i.e., how often annually [estimated, if necessary].)

C. <u>Testing Services for Groups 3 and 4 (see subsection 1.3 Groups to be Tested)</u>

C-1.	Initial Drug Test, Cost Per Test	\$ 33.50	
C-2.	Confirmatory Drug Test, Cost Per Test	\$ 0.00	
C-3.	Alcohol Test, Cost Per Test	\$ 23.00	

D. Other Professional Services (Must be hourly rates.)

		Off-site	In-house
D-1.	Ph.D.	\$ 500.00	\$ 250.00
D-2.	Toxicologist	\$ <u>500.00</u>	\$ 250.00

D-3. Expert Witnesses	\$ 250.00	\$ 125.00
Other Professional Services (list):		
MRO	\$ 250.00	\$ 75.00
SAP	\$ 250.00	\$ 70.00
Technician	\$ <u>150.00</u>	\$ 70.00
DOT Analyst	\$ <u>175.00</u>	\$ 75.00
SAPA	\$ 175.00	\$ 75.00

E. <u>Training</u>

E-1. 49 CFR, Part 382, Cost Per Hour of Instruction

\$ 80.00

OR

49 CFR, Part 382, Cost Per Training Video

\$ 160.00

E-2. Training when changes to 49 CFR, Part 40 and Part 382 cause a need for a change in procedures, Cost Per Hour of Instruction

\$80.00

OR

Training when changes to 49 CFR, Part 40 and Part 382 cause a need for a change in procedures, Cost Per Training Video

\$ N/A

E-3. Other Training (Describe), Cost Per Hour of Instruction

Designated Employer Representative	\$ 80.00
Screening Test Technician	\$ 80.00
Breath Alcohol Technician	\$ 80.00
Driver	\$ 80.00